

We're Listening



***How did we do?
How can we do better?***

**Please take a moment to tell us
about your experiences with
DRS staff and services.**

DRS
Department of
Retirement
Systems

Today's visit:

- Scheduled appointment
- Walk-in

Are you a:

- Active Member
- Retired Member

What is your Retirement System?

- Public Employees Retirement System
- Teacher's Retirement System
- School Employees Retirement System
- Washington State Patrol
- Judicial/Judges
- Law Enforcement Officers/Fire Fighters

What was the purpose of your visit?

- Retirement
- Withdrawal
- Report Death
- Disability
- Legal/Divorce
- Estimate of Benefits
- Appeal
- Deferred Compensation Program
- Other: _____

How would you rate the services you received today?

- Very Satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

Comments:

What services, information or improvements would you like DRS to provide?

Optional

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: (____) _____

e-mail address: _____

While visiting please place your comments in the **Customer Comment Box** located in our lobby.

OR

Take this home with you and place in the mail at your leisure. No postage necessary.

Thank you for your comments.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 239

OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

**DEPARTMENT OF RETIREMENT SYSTEMS
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OLYMPIA WA 98599-9927**